

PLACE OF BIRTH

1. County of DeLa

District of _____

Town of Miami

or _____

City of _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Claine May King

If child is not yet named, make supplemental report, as directed

3. Sex of child Female

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth 5

6. Legitimate? yes

7. Date of birth Nov 18, 1922

(Month, day, year)

8. Full name FATHER Jesse Neal King

9. Residence (Usual place of abode) Miami, Ariz.

If nonresident, give place and State

10. Color or race white

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Shreveport-Louisiana

(State or country)

13. Occupation Butcher

Nature of Industry

14. Full maiden name MOTHER Sarah Dougherty

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and State

16. Color or race white

17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Cleator, England

(State or country)

19. Occupation Housewife

Nature of Industry

20. Number of children of this mother 5

(Taken as of time of birth of child here-in certified and including this child.)

(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 11:20 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature S. M. Cron M.D.

(Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____

(Month, day, year)

527-1118-248

Registrar.

Filed 11/30/22 19 11/30/22 19 12/5/22

Local Registrar. P. E. Smith

County Registrar. B. S. G. of